

## IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12<sup>TH</sup>, SUITE 1A  
DES MOINES, IA 50319  
Fax: (515)281-3701  
www.iowa.gov/ethics



Iowa Code section 8.7 requires all gifts, bequests, and grants given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is required to be filed within 20 days of receipt of the gift, bequest, or grant.

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD FORM-GBG Gift, Bequest, or Grant information received by a department or accepted by the Governor on behalf of the state	
For office use only	
Indexed	_____
Audited	_____
Checked	_____
Computer	_____

## DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

Mental Health Institute	
Name of Department or Office	
Mailing Address	1200 E. Washington Mt. Pleasant, Iowa. 52641
	(319) 385-7231
Area Code & Telephone No.	

## CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Nathan Beattie	
Name	
Mailing Address (if different from above)	City, State, Zip (if different from above)
nathanbeattie@iowa.gov	Ext. 7371
Email Address	Area Code & Telephone Number (if different from above)

## DONOR OF GIFT, BEQUEST, OR GRANT:

American Legion Auxiliary	
Name	Muscatine Co.
Mailing Address	602 W. 6th Wilton Ia. 52778
	City, State, Zip Code
1-319-563-732-6289	
Area Code & Telephone Number	
Email Address (optional)	

5/13/08	\$ 300-
Date of Gift, Bequest, or Grant	Amount/Value*
*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	

Provide a description of the gift, bequest, or grant and purpose thereof:

Dinner for MHI patient patients and clients.

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

## Statement of Affirmation:

I, Nathan Beattie affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Nathan Beattie  
Signature

5/20/08  
Date

## IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12<sup>TH</sup>, SUITE 1A  
DES MOINES, IA 50319  
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www.iowa.gov/ethics

RECEIVED  
JUL 2 2008

## FORM-GBG

Gift, Bequest, or Grant information  
received by a department or  
accepted by the Governor on behalf  
of the state

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Computer \_\_\_\_\_

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## DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

Mental Health Institute	
Name of Department or Office	
Mailing Address	1200 E. Washington Mt. Pleasant, Iowa 52641
	(319) 385-7231
Area Code & Telephone No.	

## CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Nathan Beattie	
Name	
Mailing Address (if different from above)	City, State, Zip (if different from above)
nathanbeattie@iowa.gov	Ext. 7371
Email Address	Area Code & Telephone Number (if different from above)

## DONOR OF GIFT, BEQUEST, OR GRANT:

American Legion aux. Unit 584	
Name	
Mailing Address	Wilton, Ia 52778
	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

5/13/08	\$ 10
Date of Gift, Bequest, or Grant	Amount/Value*
*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	

Provide a description of the gift, bequest, or grant and purpose thereof:

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

\$10 check for volunteer patient fund

## Statement of Affirmation:

I, Nathan Beattie affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Nathan Beattie  
Signature

5/20/08  
Date

## IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12<sup>TH</sup>, SUITE 1A

DES MOINES, IA 50319

Fax: (515)281-3701

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2008 JUN -2 AM 9:30

Reset form

## FORM-GBG

Gift, Bequest, or Grant information received by a department or accepted by the Governor on behalf of the state

## For office use only

Indexed \_\_\_\_\_  
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## DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

Mental Health Institute	
Name of Department or Office	
Mailing Address	1200 E. Washington Mt. Pleasant, Iowa. 52641
	(319) 385-7231
Area Code & Telephone No.	

## CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Nathan Beattie	
Name	
Mailing Address (if different from above)	City, State, Zip (if different from above)
nathanbeattie@iowa.gov	Ext. 2371
Email Address	Area Code & Telephone Number (if different from above)

## DONOR OF GIFT, BEQUEST, OR GRANT:

Walmart	
Name	
Mailing Address	1045 N. Grand Ave. Mt. Pleasant, Ia
	City, State, Zip Code 52641
(319) 385-4600	
Area Code & Telephone Number	
Email Address (optional)	

5/17/08	\$ 25 <sup>00</sup>
Date of Gift, Bequest, or Grant	Amount/Value*
*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	

Provide a description of the gift, bequest, or grant and purpose thereof:

\$25<sup>00</sup> gift card for activity fund

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

## Statement of Affirmation:

I, Nathan Beattie affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Nathan Beattie  
 Signature

5/21/08  
 Date

## IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12<sup>TH</sup>, SUITE 1A  
DES MOINES, IA 50319  
Fax: (515)281-3701  
www.iowa.gov/ethics

ETHICS AND  
CAMPAIGN DISCLOSURE  
2008 RELEASE FORM

## FORM-GBG

Gift, Request, or Grant information  
received by a department or  
accepted by the Governor on behalf  
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## DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

Mental Health Institute	
Name of Department or Office	
Mailing Address	1200 E. Washington Mt. Pleasant, Iowa 52641
Area Code & Telephone No.	(319) 385-7251

## CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Nathan Beattie	
Name	
Mailing Address (if different from above)	
Email Address	nathanbeattie@iowa.gov
City, State, Zip (if different from above)	Ext. 2371
Area Code & Telephone Number (if different from above)	

## DONOR OF GIFT, BEQUEST, OR GRANT:

American Legion Aux #27	
Name	
Mailing Address	Muscatine, Ia. 52761
Area Code & Telephone Number	1 563-263-7770
Email Address (optional)	

5/13/08	\$ 10 <sup>-</sup>
Date of Gift, Bequest, or Grant	Amount/Value*
*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	

Provide a description of the gift, bequest, or grant and purpose thereof:

\$10<sup>-</sup> check for volunteer patient account

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

## Statement of Affirmation:

I, Nathan Beattie affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Nathan Beattie  
Signature

5/20/08  
Date

## IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12<sup>TH</sup>, SUITE 1A  
DES MOINES, IA 50319  
Fax: (515)281-3701  
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**FORM-GBG**  
CAMPAIGN DISCLOSURE BOARD  
Gift, Bequest, or Grant information  
received by a department or  
accepted by the Governor on behalf  
of the state

2008 JUN 2 11 9 30

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## DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

Mental Health Institute  
Name of Department or Office  
1200 E. Washington Mt. Pleasant, Iowa. 52641  
Mailing Address City, State, Zip Code  
(319) 385-7231  
Area Code & Telephone No.

## CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Nathan Beattie  
Name  
nathanbeattie@iowa.gov Ext. 2371  
Mailing Address (if different from above) City, State, Zip (if different from above)  
Email Address Area Code & Telephone Number (if different from above)

## DONOR OF GIFT, BEQUEST, OR GRANT:

American Legion Aux #509  
Name  
West Liberty Ia. 52776  
Mailing Address City, State, Zip Code  
Area Code & Telephone Number  
Email Address (optional)

5/13/08 \$ 10  
Date of Gift, Bequest, or Grant Amount/Value\*  
\*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".

Provide a description of the gift, bequest, or grant and purpose thereof:

\$10 - check for volunteer pt. acct. <sup>present</sup>

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

## Statement of Affirmation:

I, Nathan Beattie affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Nathan Beattie  
Signature

5/24/08  
Date